PART B - FEE(S) TRANSMITTAL

DEC 2 7 2005	his form, together wit		or <u>Fax</u>	P.O. Box 1450 Alexandria, Vir (571) 273-2885	or Patents ginia 22313-1450	
INSTRUCTIONS This for appropriate. Authorither confidence for notification maintenance fee notification	rm should be used for tran respondence including the l below or directed otherwise is.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUB ders and notificat) specifying a new	LICATION FEE (if requion of maintenance fees we correspondence address	uired). Blocks 1 through 5 will be mailed to the currer s; and/or (b) indicating a se	should be completed where nt correspondence address a parate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE 08791 75 BLAKELY SOK	E ADDRESS (Note: Use Block 1 for 590 09/23/2005 OLOFF TAYLOR &	any change of address)		Note: A certificate o Fee(s) Transmittal. T papers. Each addition have its own certifica	f mailing can only be used his certificate cannot be used al paper, such as an assignr te of mailing or transmission	for domestic mailings of the for any other accompanying ment or formal drawing, must be seen that the formal drawing in the formal d
12400 WILSHIRE BOULEVARD SEVENTH FLOOR LOS ANGELES, CA 90025-1030 1/28/2005 EAREGAY2 00000051 09965934				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. In Chappe (Depositor's name)		
FC:1501 FC:1504	1400.00 OP 300.00 OP			(Signature) 17/20/05 (Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INV		/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/965,934	09/965,934 09/28/2001		Ajay Garg	<u> </u>	42390P11776	3373
TITLE OF INVENTION: S				·	•	D SECURITY
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$300	\$1700	12/23/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Blakely, Sokoloff, Taylor & Zafman LLP 2 3					
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Intel Corpora	an assignee is identified be 37 CFR 3.11. Completion of	elow, no assignee of this form is NO?	data will appear of a substitute for f			document has been filed for
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the paten	e): 🗖 Individual 🕱 (Corporation or other private g	group entity Governmen
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a. Applicant claims SI The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	MALL ENTITY status. See is requested to apply the Issu ublication Fee (if required) yords of the United States Pate	e Fee and Publicat	tion Fee (if any) of		ALL ENTITY status. See 37 sly paid issue fee to the appli sistered attorney or agent; or	
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